

Ark-La-Tex Ear, Nose, & Throat

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****APPOINTMENTS, QUESTIONS, AND CONCERNS****

To schedule, please call our office or request an appointment online from our website. We are open 8-5 daily. When leaving a message, note that some responses require more time to complete. We kindly ask for 24 hours before calling again. As always, if you believe that your concern is a medical emergency, call **911** immediately.

Please note that if you are 15 minutes late to your scheduled appointment, you will be asked to reschedule to a later date.

****CANCELLATIONS****

Please notify our office if you are unable to keep your appointment. A \$25.00 fee will be billed for repeated (more than 2) missed appointments.

****MEDICATION REFILLS****

Please, call as early as possible to have routine medications refilled. We ask you to provide the medication name, preferred pharmacy, and the best contact number to reach you. Allow 24-48 hours for refills to be sent to your pharmacy, unless it is a post-operative medication concern.

****CO-PAYS, INSURANCE, AND DISABILITY FORMS****

- Non insured/Self pay patients will be asked for an upfront deposit of \$350.
- Co-payments, co-insurance, and deductibles are collected when services are rendered.
- All insurance forms (Disability, FMLA, etc.) will be completed for a fee of \$25.00. Please allow the doctor at least 5 business days to complete the form. Once completed, you will be notified, or the form may be sent directly to the company specified.

****WORK/SCHOOL EXCUSES****

If you require a work/school excuse, please request it after you have been seen by the doctor. If needed the note can be faxed directly to the school or office.

Patient Signature: _____ Date: _____